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[ ]	Priority is claimed u	nder 35 USC 119 f	or the following application(s):	_	
[]	a certified copy of the a certified copy of the Associate Power of	ne aforesaid applica Attorney enclosed.	tion will be submitted in due co	ourse.	
		CLAIMS	AS FILED		
FOR	NUMBER	FILED	NUMBER EXTRA	RATE	FEE
TOTAL CLAIN	MS 7	- 20	0	X \$ 9.00	\$ 0.00
INDEPENDEN	IT CLAIMS 2	- 3	0	X \$43.00	\$ 0.00
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[X] The C during credit [X] A Che [X] [ ] [ ] Other	the prosecution of the any overpayment to lock in the amount of the filing fee the filing fee and the	y authorized to char is application withon Deposit Account No. 385.00 is enclos	rge any additional fees which mout specific authorization, except to 0. 03-2468. A duplicate copy of ed. This check covers:  al fee.  Joseph J Orlando, Reg. No. 2 Allison C. Collard, Reg. No. 2 BUCKNAM AND ARCHER 1077 Northern Boulevard Roslyn, New York 11576-16 Telephone: (516) 365-9802	tay be required to the Base of this sheet is seed to be	Issue Fee, or
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